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COCHLEAR IMPLANTS AT 1 MILITARY HOSPITAL

For the first time in military history, cochlear implants (CI) are being performed successfully by the South African Military Health Service Cochlear Implant Programme (SAMHSCIP).

and interact more comfortably with others. It is an alternative to the traditional attempts to improve hearing ability by means of powerful hearing aids.

Criteria for adults to qualify for this operation differ from those for children. They must suffer from severe to profound hearing loss and inner ear deafness to become candidates for a CI.

These specialised operations are performed at 1 Military Hospital on military patients of all ages and their authorised dependants who qualify for this unique operation.

A CI bypasses the non-functioning part of the cochlear and delivers sound signals directly to the hearing nerve. A CI does not cure deafness, but it does offer a life-enhancing alternative.

All prospective candidates will undergo a thorough examination, including hearing and medical tests by the SAMHSCIP before they can be considered for the operation.

Cochlear implants (CI) can assist adults and children with severe to profound inner ear deafness in both ears, to hear again.

WHO CAN BENEFIT FROM A COCHLEAR IMPLANT?

CI can help adults and children with severe to profound inner ear deafness in both ears. Implantation at a young age is preferred, because hearing is important for language development.

Progression of hearing loss will be taken into consideration as well as deterioration of hearing and spoken communication abilities and intelligible speech.

Such implants are used successfully in over 75 countries worldwide and are performed on deaf children as well as on adult patients.

Cochlear implants can be to the benefit of patients, whether they are born deaf or whether the loss has occurred later on in life.

Research has shown better results in children who had implants at a very young age. Older children and adults who have learnt to speak before becoming deaf have already developed language skills and thus perform better after a cochlear implant.

Members with restricted or no benefit from hearing aids and those who had unsuccessful trials with appropriate hearing aids must report to the Ear Nose and Throat (ENT) clinic for evaluation.

WHAT IS A COCHLEAR IMPLANT?

A CI is a proven medical option designed to help a qualifying patient to communicate more easily

It is also true that a long period of severe deafness may limit the benefits of a CI.

There is no minimum age for first referrals, therefore the sooner any person who suffers from severe hearing-loss in both ears, inner ear deafness or progressive hearing loss is referred to the ENT clinic at 1 Mil Hosp the better.





Children who fail to develop acceptable levels of hearing skills and those who struggle to understand speech must be brought to the ENT clinic as soon as possible.

Any person who was diagnosed with meningitis must also be referred to the ENT clinic as soon as possible. Prior to any operation ENT and audiology assessments will be done, followed by assessments by the Social Work, Psychology and Occupational Therapy Service Units.

IMPLANT SURGERY AND FOLLOW-UP

CI function by electrically stimulating the sensory cells in the cochlear. A CI system consists of two main parts, namely the internal part that is surgically implanted under the skin and the external part, which is the speech processor that is worn behind the ear or as a body worn aid.

Surgery is done under general anaesthesia and usually takes between 3 and 5 hours. The risks involved in CI surgery are small and compare well with other ear surgeries.

There is usually some mild discomfort when the patient

wakes up, but he/she is usually up and about the next day. The length of stay in hospital may vary from one to several days, depending upon the patient's condition.

FIRST SOUNDS WITH A COCHLEAR IMPLANT

The speech processor has a programme that contains settings for pitch, loudness and timing. Programmes are customised to meet each person's particular needs during fitting sessions with an audiologist.

The speech processor is fitted three to six weeks after surgery, and is set up individually for each user.

To obtain the best benefit from a CI, candidates must be fully committed to the follow-up programme designed by the SAMHSCIP.

Follow-up programmes include help, advice and support, regular medical check-ups, regular re-programming of the speech processor, speech and language therapy and educational advice and support for children.

EVERYDAY PRECAUTIONS WITH COCHLEAR IMPLANTS

CI systems are generally easy to use but definite precautions must be taken, such as keeping the external parts of the device dry, reducing exposure to static electricity and radio waves (eg from cellphones) as these can cause some temporary interference with sound for some users, and contact sports such as boxing, rugby, karate or others that may result in severe blows to the head are not advised.

RISKS OF DEVICE FAILURE

As with all technical devices, there is a very small risk that a CI could stop working. This occurs very rarely (less than 1 %), and in such cases reimplantation with a new implant may become necessary.

It is imperative that appointments are made before patients come to the ENT clinic.

For more information and appointments, contact Maj B.S. Mostert on 012-314-0447

